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PATENT APPLICATION SERIAL NO. \_\_\_\_\_

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

08/01/2003 HLE333 00000016 033125 10630423

01 FC:2001		375.00	OP
02 FC:2201	84.00	DA	
03 FC:2202	99.00	DA	
04 FC:2203	140.00	DA	

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01 FC:2202	9.00	DA
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PTO-1556  
(5/87)

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. <b>69014-A</b>	
		First Inventor <b>Kiran K. Chada</b>	
		Title <b>ADIPOCYTE SPECIFIC GENES</b>	
		Express Mail Label No. <b>EV 325 704 499 US</b>	

  

<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>	<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <b>85</b>]</span> <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the invention</li> <li>- Brief Summary of the invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Sheets <b>6</b>]</span> 5. Oath or Declaration <b>unsigned</b> <span style="float: right;">[Total Sheets <b>4</b>]</span> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))  <small>(for continuation/divisional with Box 18 completed)</small></li> <li>c. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b>  <small>Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></li> </ul> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input checked="" type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <span style="float: right;">(if applicable, all necessary)</span> <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Computer Reader Form (CRF)</li> <li>b. Specification Sequence Listing on:             <ul style="list-style-type: none"> <li>i. <input checked="" type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> Paper</li> </ul> </li> <li>c. <input checked="" type="checkbox"/> Statements verifying identity of above copies</li> </ul>
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<b>ACCOMPANYING APPLICATION PARTS</b>	
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <span style="float: right;"><input type="checkbox"/> Power of Attorney</span> <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure <span style="float: right;"><input type="checkbox"/> Copies of IDS</span> <small>Statement (IDS)/PTO-1449 Citations</small> 13. <input checked="" type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Other: <b>EXPRESS Mail Certificate of Mailing Label No. EV 325 704 499 US</b>	18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> <input type="checkbox"/> Continuation           <input type="checkbox"/> Divisional           <input type="checkbox"/> Continuation-in-part (CIP)         </div> <div>of prior application No. _____</div> </div> <p><small>Prior application information: Examiner _____ Art Unit: _____</small></p> <p><small>For CONTINUATION OF DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</small></p>

  

<b>19. CORRESPONDENCE ADDRESS</b>																												
<input type="checkbox"/> Customer Number: _____	OR <input checked="" type="checkbox"/> Correspondence address below																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Name</td> <td colspan="3">Gary J. Gershik</td> </tr> <tr> <td rowspan="2">Address</td> <td colspan="3">Cooper &amp; Dunham</td> </tr> <tr> <td colspan="3">1185 Avenue of the Americas</td> </tr> <tr> <td>City</td> <td>New York</td> <td>State</td> <td>NY</td> </tr> <tr> <td>Country</td> <td>U.S.A.</td> <td>Telephone</td> <td>212-278-0400</td> </tr> <tr> <td></td> <td></td> <td>Zip Code</td> <td>10036</td> </tr> <tr> <td></td> <td></td> <td>Fax</td> <td></td> </tr> </table>		Name	Gary J. Gershik			Address	Cooper & Dunham			1185 Avenue of the Americas			City	New York	State	NY	Country	U.S.A.	Telephone	212-278-0400			Zip Code	10036			Fax	
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Name (Print/Type)</td> <td>Gary J. Gershik</td> <td style="width: 20%;">Registration No. (Attorney/Agent)</td> <td>39,992</td> </tr> <tr> <td>Signature</td> <td><i>Gary J. Gershik</i></td> <td>Date</td> <td>July 29, 2003</td> </tr> </table>		Name (Print/Type)	Gary J. Gershik	Registration No. (Attorney/Agent)	39,992	Signature	<i>Gary J. Gershik</i>	Date	July 29, 2003																			
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